

UNITED STATES DISTRICT COURT

Middle

District of

Tennessee

Tennessee Walking Horse Breeders' and  
Exhibitors' Association

V.

SUMMONS IN A CIVIL CASE

National Walking Horse Association

CASE NUMBER: 1 05 0088

JUDGE CAMPBELL

TO: (Name and address of Defendant)

Margie L. Rhodes  
National Walking Horse Association  
6917 Guy-Johnson Lane  
Raleigh, North Carolina 27603

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Stephen J. Zralek  
Natalya L. Rose  
BONE MCALLESTER NORTON PLLC  
511 Union Street, Suite 1600  
Nashville, Tennessee 37219

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

KEITH THROCKMORTON

DEC 02 2005

CLERK

DATE

(By) DEPUTY CLERK

*Angie Brauer*

RETURN COPY

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE December 8, 2005	
NAME OF SERVER (PRINT) Natalya L. Rose, Esq.	TITLE Attorney for Plaintiff	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>Served via certified mail in accordance with Federal Rules of Civil Procedure 4.</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES Certified return receipt mail \$6.95	TOTAL \$6.95
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Executed on <u>12/12/05</u> Date</p> </div> <div style="width: 60%;"> <p style="text-align: center;"><i>Natalya L. Rose</i> Signature of Server Bone McAllester Norton PLLC 511 Union Street, Suite 1600 Nashville, TN 37219 Address of Server</p> </div> </div>		

2005 DEC 13 AM 11:33  
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 DISTRICT COURT  
 NASHVILLE, TN  
 Rm

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Margie L. Rhodes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Margie L. Rhodes  National Walking Horse Assoc.  6917 Guy-Johnson Lane  Raleigh, NC 27603 </div>		B. Received by (Printed Name)	C. Date of Delivery 12.8.05
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 0500 0002 8098 4763	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	